

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/890185		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
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45	/					95			
46	/					96			
47	/					97			
48	/					98			
49	/					99			
50	/					100			
TAL						TOTAL IND.			
TAL						TOTAL DEP.			
TAL LMS						TOTAL CLAIMS			